

Complete Summary

GUIDELINE TITLE

Management of herpes in pregnancy.

BIBLIOGRAPHIC SOURCE(S)

American College of Obstetricians and Gynecologists (ACOG). Management of herpes in pregnancy. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 1999 Oct. 10 p. (ACOG practice bulletin; no. 8). [50 references]

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline is still considered to be current as of December 2004, based on a review of literature published that is performed every 18-24 months following the original guideline publication.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Genital herpes simplex virus (HSV) infection in pregnancy

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Infectious Diseases
Obstetrics and Gynecology
Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

- To aid practitioners in making decisions about appropriate obstetric and gynecologic care
- To define the stages of herpetic infection, outline the spectrum of maternal and neonatal infection, including rates of transmission and risks, and provide management guidelines that have been validated by appropriately conducted outcome-based research

TARGET POPULATION

Pregnant women with genital herpes simplex virus infection

INTERVENTIONS AND PRACTICES CONSIDERED

1. Confirmation of the diagnosis of herpes simplex virus (HSV) infection

Note: Universal screening during pregnancy or at delivery was considered but not recommended

2. Antiviral therapy such as acyclovir, valacyclovir, famciclovir
3. Cesarean delivery in women with first-episode herpes simplex virus (HSV) infection and active genital lesions, as well as in women with recurrent HSV and active genital lesions or prodromal symptoms
4. Expectant management in patients with preterm labor or preterm premature rupture of membranes and active HSV
5. Invasive procedures, such as amniocentesis, percutaneous umbilical cord blood sampling, transabdominal chorionic villus sampling, and fetal scalp monitoring in patients with recurrent HSV and no active lesions

MAJOR OUTCOMES CONSIDERED

- Mortality rates in neonatal herpes simplex virus (HSV) infection
- Vertical transmission rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The MEDLINE database, the Cochrane Library, and American College of Obstetricians and Gynecologists' (ACOG's) own internal resources and documents were used to conduct a literature search to locate relevant articles published between January 1985 and December 1998. The search was restricted to articles published in the English language. Priority was given to the articles reporting results of original research although review articles and commentaries also were consulted. Abstracts of research presented at symposiums and scientific conferences were not considered adequate for inclusion in this document.

Guidelines published by organizations or institutions such as the National Institutes of Health and ACOG were reviewed, and additional studies were located by reviewing bibliographies of identified articles.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Studies were reviewed and evaluated for quality according to the method outlined by the U.S. Preventive Services Task Force.

I Evidence obtained from at least one properly designed randomized controlled trial

II -1 Evidence obtained from well-designed controlled trials without randomization

II -2 Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group

II -3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence

III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Analysis of available evidence was given priority in formulating recommendations. When reliable research was not available, expert opinions from obstetrician-gynecologists were used. See also the "Rating Scheme for the Strength of Recommendations" field regarding Grade C recommendations.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Based on the highest level of evidence found in the data, recommendations are provided and graded according to the following categories:

Levels of Recommendations

- A. The recommendation is based on good and consistent scientific evidence.
- B. The recommendation is based on limited or inconsistent scientific evidence.
- C. The recommendation is based primarily on consensus and expert opinion.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Practice Bulletins are validated by two internal clinical review panels composed of practicing obstetrician-gynecologists generalists and sub-specialists. The final guidelines are also reviewed and approved by the American College of Obstetricians and Gynecologists (ACOG) Executive Board.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The grades of evidence (I-III) and levels of recommendations (A-C) are defined at the end of "Major Recommendations" field.

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- Women with primary herpes simplex virus (HSV) during pregnancy should be treated with antiviral therapy.
- Cesarean delivery should be performed on women with first-episode HSV who have active genital lesions at delivery.
- For women at or beyond 36 weeks of gestation with a first episode of HSV occurring during the current pregnancy, antiviral therapy should be considered.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- Cesarean delivery should be performed on women with recurrent HSV infection who have active genital lesions or prodromal symptoms at delivery.
- Expectant management of patients with preterm labor or preterm premature rupture of membranes and active HSV may be warranted.
- For women at or beyond 36 weeks of gestation who are at risk for recurrent HSV, antiviral therapy also may be considered, although such therapy may not reduce the likelihood of cesarean delivery.
- In women with no active lesions or prodromal symptoms during labor, cesarean delivery should not be performed on the basis of a history of recurrent disease.

Definitions:

Grades of Evidence

I Evidence obtained from at least one properly designed randomized controlled trial

II-1 Evidence obtained from well-designed controlled trials without randomization

II-2 Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group

II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments could also be regarded as this type of evidence.

III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

Levels of Recommendations

- A. The recommendation is based on good and consistent scientific evidence.
- B. The recommendation is based on limited or inconsistent scientific evidence.
- C. The recommendation is based primarily on consensus and expert opinion.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Acyclovir therapy started at 36 weeks of gestation may decrease viral shedding, prevent neonatal herpes, reduce the need for cesarean delivery, and decrease clinical recurrences of herpes simplex virus infection.
- Because of their increased bioavailability, valacyclovir and famciclovir require less frequent dosing to achieve the same therapeutic benefits as acyclovir.

POTENTIAL HARMS

- Acyclovir has been shown to have only minimal side effects. However, only approximately 20% of each oral dose is absorbed.
- Local neonatal infection may result from the use of fetal scalp electrode monitoring in patients with a history of herpes, even when lesions are not present.

CONTRAINDICATIONS

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If the mother has an obvious lesion on the breast, breastfeeding is contraindicated.

QUALIFYING STATEMENTS

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These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Oct (reviewed 2004)

GUIDELINE DEVELOPER(S)

American College of Obstetricians and Gynecologists - Medical Specialty Society

SOURCE(S) OF FUNDING

American College of Obstetricians and Gynecologists (ACOG)

GUIDELINE COMMITTEE

American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins-Obstetrics

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available for purchase from the American College of Obstetricians and Gynecologists (ACOG) Distribution Center, PO Box 4500, Kearneysville, WV 25430-4500; telephone, 800-762-2264, ext. 192; e-mail: sales@acog.org. The ACOG Bookstore is available online at the [ACOG Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on January 14, 2005.

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